

## Filing at a Glance

Companies: Bituminous Casualty Corporation, Bituminous Fire and Marine Insurance Company

Product Name: Class Code 2719 - Logging or Tree Removal  
SERFF Tr Num: LDRX-125248024 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: AR-PC-07-025639

Sub-TOI: 16.0000 WC Sub-TOI Combinations

Co Tr Num: WC AR07061CGR01

State Status:

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: SPI Bituminous

Disposition Date: 08-02-2007

Date Submitted: 07-30-2007

Disposition Status: Approved

Effective Date Requested (New): 07-01-2007

Effective Date (New): 08-02-2007

Effective Date Requested (Renewal): 07-01-2007

Effective Date (Renewal):

## General Information

Project Name: 2007 NCCI REFERENCE FILINGS

Status of Filing in Domicile:

Project Number: WC AR07061CGR01

Domicile Status Comments:

Reference Organization: National Council on Compensation Insurance, Inc. (NCCI), Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08-02-2007

State Status Changed: 07-31-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Bituminous Casualty Corporation and Bituminous Fire and Marine Insurance Company are filing to adopt this advisory NCCI filing effective 7-1-07. Class Code 2719 is applicable to all employers of forestry workers who have obtained the appropriate safety training certification from the Arkansas Timber Producers Association (ATPA). Revision to Code 2719 will clarify the proper classification when the ATPA certification lapses during the policy period.

## Company and Contact

### Filing Contact Information

Rosanne Sly-Ginther, Advanced Administrative [rslyginther@bituminousinsurance.com](mailto:rslyginther@bituminousinsurance.com)

Analyst

320 18th Street

(309) 732-0204 [Phone]

Rock Island, IL 61201

(309) 786-3847[FAX]

### Filing Company Information

Bituminous Casualty Corporation

CoCode: 20095

State of Domicile: Illinois

320 18th Street

Group Code: 150

Company Type: Commercial

Property and Casualty

Rock Island, IL 61201

(309) 786-5401 ext. [Phone]

Bituminous Fire and Marine Insurance  
Company  
320 18th St.

Rock Island, IL 61201

(309) 786-5401 ext. [Phone]

Group Name: Bituminous Insurance  
Companies

FEIN Number: 36-0810360

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CoCode: 20109

Group Code: 150

Group Name: Bituminous Insurance  
Companies

FEIN Number: 36-6054328

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State of Domicile: Illinois

Company Type: Commercial  
Property and Casualty

## Filing Fees

|                  |    |
|------------------|----|
| Fee Required?    | No |
| Retaliatory?     | No |
| Fee Explanation: |    |
| Per Company:     | No |

## Correspondence Summary

### Dispositions

| <b>Status</b> | <b>Created By</b> | <b>Created On</b> | <b>Date Submitted</b> |
|---------------|-------------------|-------------------|-----------------------|
| Approved      | Carol Stiffler    | 08-02-2007        | 08-02-2007            |

## Disposition

Disposition Date: 08-02-2007

Effective Date (New): 08-02-2007

Effective Date (Renewal):

Status: Approved

Comment: In Arkansas workers' compensation filings are prior approval and can't be approved retroactively.

| <b>Company Name:</b>                         | <b>Overall % Rate Impact:</b> | <b>Written Premium Change for this Program:</b> | <b># of Policy Holders Affected for this Program:</b> | <b>Premium:</b> | <b>Maximum % Change (where required):</b> | <b>Minimum % Change (where required):</b> | <b>Overall % Indicated Change:</b> |
|--|-------------------------------|---|---|-----------------|---|---|------------------------------------|
| Bituminous Casualty Corporation              | 0.000%                        | \$0   | 0   | \$0             | 0.000%                                    | 0.000%                                    | 0.000%                             |
| Bituminous Fire and Marine Insurance Company | 0.000%                        | \$0   | 0   | \$0             | 0.000%                                    | 0.000%                                    | 0.000%                             |

Created by SERFF on 08-02-2007 02:46 PM

| <b>Item Type</b>           | <b>Item Name</b>   | <b>Item Status</b> | <b>Public Access</b> |
|----------------------------|--|--------------------|----------------------|
| <b>Supporting Document</b> | Uniform Transmittal Document-Property & Casualty         | Approved           | Yes                  |
| <b>Supporting Document</b> | NAIC Loss Cost Filing Document for Workers' Compensation | Approved           | Yes                  |
| <b>Supporting Document</b> | NAIC loss cost data entry document                       | Approved           | Yes                  |
| <b>Supporting Document</b> | Cover Letter   | Approved           | Yes                  |
| <b>Supporting Document</b> | AR - NAIC RATE RULE FILING SCHEDULE                      | Approved           | Yes                  |

## Rate Information

Rate data applies to filing.

**Filing Method:**

**Rate Change Type:**

**Overall Percentage of Last Rate Revision:**

0.000%

**Effective Date of Last Rate Revision:**

**Filing Method of Last Filing:**

## Company Rate Information

| <b>Company Name:</b>                         | <b>Overall % Rate Impact:</b> | <b>Written Premium Change for this Program:</b> | <b># of Policy Holders Affected for this Program:</b> | <b>Premium:</b> | <b>Maximum % Change (where required):</b> | <b>Minimum % Change (where required):</b> | <b>Overall % Indicated Change:</b> |
|--|-------------------------------|---|---|-----------------|---|---|------------------------------------|
| Bituminous Casualty Corporation              | 0.000%                        | \$0   | 0   | \$0             | 0.000%                                    | 0.000%                                    | 0.000%                             |
| Bituminous Fire and Marine Insurance Company | 0.000%                        | \$0   | 0   | \$0             | 0.000%                                    | 0.000%                                    | 0.000%                             |

## Overall Rate Information for Multiple Company Filings

**Overall % Rate Indicated:**

0.000%

**Overall Percentage Rate Impact For This Filing:**

0.000%

**Effect of Rate Filing - Written Premium Change For This Program:**

\$0

**Effect of Rate Filing - Number of Policyholders Affected:**

0

## Supporting Document Schedules

|                         |   |                                   |            |
|-------------------------|---|-----------------------------------|------------|
| <b>Satisfied -Name:</b> | Uniform Transmittal Document-<br>Property & Casualty        | <b>Review Status:</b><br>Approved | 08-02-2007 |
| <b>Comments:</b>        |   |                                   |            |
| <b>Attachment:</b>      |   |                                   |            |
|                         | AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF                      |                                   |            |
| <b>Bypassed -Name:</b>  | NAIC Loss Cost Filing Document<br>for Workers' Compensation | <b>Review Status:</b><br>Approved | 08-02-2007 |
| <b>Bypass Reason:</b>   | rule revision - no loss cost involved                       |                                   |            |
| <b>Comments:</b>        |   |                                   |            |
| <b>Bypassed -Name:</b>  | NAIC loss cost data entry document                          | <b>Review Status:</b><br>Approved | 08-02-2007 |
| <b>Bypass Reason:</b>   | rule revision - no loss costs involved                      |                                   |            |
| <b>Comments:</b>        |   |                                   |            |
| <b>Satisfied -Name:</b> | Cover Letter  | <b>Review Status:</b><br>Approved | 08-02-2007 |
| <b>Comments:</b>        |   |                                   |            |
| <b>Attachment:</b>      |   |                                   |            |
|                         | Cover Letter.PDF  |                                   |            |
| <b>Satisfied -Name:</b> | AR - NAIC RATE RULE FILING<br>SCHEDULE                      | <b>Review Status:</b><br>Approved | 08-02-2007 |
| <b>Comments:</b>        |   |                                   |            |
| <b>Attachment:</b>      |   |                                   |            |
|                         | AR - NAIC RATE RULE FILING SCHEDULE.PDF                     |                                   |            |

## Property & Casualty Transmittal Document

|   |   |              |  |                  |  |
|---|---|--------------|--|------------------|--|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use only</b><br>a. Date the filing is received:<br>b. Analyst:<br>c. Disposition:<br>d. Date of disposition of the filing:<br>e. Effective date of filing:<br><table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #:<br>g. SERFF Filing #:<br>h. Subject Codes | New Business |  | Renewal Business |  |
| New Business                                    |   |              |  |                  |  |
| Renewal Business                                |   |              |  |                  |  |

|                                |                     |
|--------------------------------|---------------------|
| <b>3. Group Name</b>           | <b>Group NAIC #</b> |
| Bituminous Insurance Companies | 150                 |

| 4. Company Name(s)                           | Domicile | NAIC # | FEIN #     | State # |
|--|----------|--------|------------|---------|
| Bituminous Casualty Corporation              | IL       | 20095  | 36-0810360 |         |
| Bituminous Fire and Marine Insurance Company | IL       | 20109  | 36-6054328 |         |
|  |          |        |            |         |
|  |          |        |            |         |
|  |          |        |            |         |
|  |          |        |            |         |

|                                   |                 |
|-----------------------------------|-----------------|
| <b>5. Company Tracking Number</b> | WC AR07061CGR01 |
|-----------------------------------|-----------------|

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

| 6. | Name and address   | Title                                 | Telephone #s             | FAX #        | e-mail                                  |
|----|--|---------------------------------------|--------------------------|--------------|---|
|    | Rosanne Sly-Ginther<br>320 18th Street<br>Rock Island IL 61201 | Advanced<br>Administrative<br>Analyst | 800-475-4477<br>Ext. 204 | 309-786-3847 | rslyginther@bituminousin<br>surance.com |

|   |  |
|---|--|
| <b>7.</b> Signature of authorized filer         |  |
| <b>8.</b> Please print name of authorized filer | Rosanne Sly-Ginther  |

**Filing Information** (see General Instructions for descriptions of these fields)

|            |   |  |
|------------|---|--|
| <b>9.</b>  | <b>Type of Insurance (TOI)</b>  | 16.0 Workers Compensation  |
| <b>10.</b> | <b>Sub-Type of Insurance (Sub-TOI)</b>  | 16.0000 WC Sub-TOI Combinations  |
| <b>11.</b> | <b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b> |  |
| <b>12.</b> | <b>Company Program Title (Marketing Title)</b>  | Workers Compensation   |
| <b>13.</b> | <b>Filing Type</b>  | <input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| <b>14.</b> | <b>Effective Date(s) Requested</b>  | New: 07/01/2007      Renewal: 07/01/2007   |
| <b>15.</b> | <b>Reference Filing?</b>  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>16.</b> | <b>Reference Organization (if applicable)</b>   | National Council on Compensation Insurance, Inc. (NCCI)  |
| <b>17.</b> | <b>Reference Organization # &amp; Title</b>   | 02-AR-2007   |
| <b>18.</b> | <b>Company's Date of Filing</b>   | 07/30/07   |
| <b>19.</b> | <b>Status of filing in domicile</b>   | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved  |

## Property & Casualty Transmittal Document

|            |  |                 |
|------------|--|-----------------|
| <b>20.</b> | <b>This filing transmittal is part of Company Tracking #</b> | WC AR07061CGR01 |
|------------|--|-----------------|

|            |  |
|------------|--|
| <b>21.</b> | <b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|------------|--|

Bituminous Casualty Corporation and Bituminous Fire and Marine Insurance Company are filing to adopt this advisory NCCI filing effective 7-1-07. Class Code 2719 is applicable to all employers of forestry workers who have obtained the appropriate safety training certification from the Arkansas Timber Producers Association ATPA). Revision to Code 2719 will clarify the proper classification when the ATPA certification lapses during the policy period.

|  |  |
|--|--|
| <b>22.</b>   | <b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.)<br>[If a state requires you to show how you calculated your filing fees, place that calculation below] |
| <p><b>Check #:</b>     N/A<br/> <b>Amount:</b>    N/A</p> <p>N/A</p> <p style="text-align: center;"><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p> |  |

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



320 - 18<sup>th</sup> Street  
Rock Island, IL 61201-8744  
309 786 5401  
800 475 4477  
FAX 309 786 3847  
www.bituminousinsurance.com

July 30, 2007

Julie Benafield Bowman  
Commissioner  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904  
Attn: Property & Casualty Division

Re: Arkansas – 02-AR-2007 Revision to Basic Manual Classification Code 2719 - Logging or Tree Removal  
– Certified Mechanized Harvesting Exclusively  
Bituminous Casualty Corporation NAIC #:150-20095 FEIN #:36-0810360  
Bituminous Fire and Marine Insurance Company NAIC #:150-20109 FEIN #:36-6054328  
Our File #: WC AR07061CGR01

Dear Commissioner Benafield Bowman

Bituminous Casualty Corporation and Bituminous Fire and Marine Insurance Company are filing to adopt this advisory NCCI filing effective 7-1-07. Class Code 2719 is applicable to all employers of forestry workers who have obtained the appropriate safety training certification from the Arkansas Timber Producers Association (ATPA). Revision to Code 2719 will clarify the proper classification when the ATPA certification lapses during the policy period.

If additional information is required please do not hesitate to contact me.

Sincerely,

Rosanne Sly-Ginther  
Advanced Administrative Analyst  
E-mail: rslyginther@bituminousinsurance.com  
Phone: 309-732-0204  
NCCI Circular: AR-2007-09 (7-27-07)

## PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

|           |  |                 |
|-----------|--|-----------------|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> | WC AR07061CGR01 |
|-----------|--|-----------------|

|           |   |  |
|-----------|---|--|
| <b>2.</b> | <b>This filing corresponds to form filing number</b><br>(Company tracking number of form filing, if applicable) |  |
|-----------|---|--|

Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

|           |  |            |
|-----------|--|------------|
| <b>3.</b> | <b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b> | File & Use |
|-----------|--|------------|

| 4a. Rate Change by Company (As Proposed)     |  |                       |   |  |                                  |                                  |                                  |
|--|--|-----------------------|---|--|----------------------------------|----------------------------------|----------------------------------|
| Company Name                                 | Overall % Indicated Change (when Applicable) | Overall % Rate Impact | Written Premium Change for this program | # of policyholders affected for this program | Written premium for this program | Maximum %Change (where required) | Minimum %Change (where required) |
| Bituminous Casualty Corporation              |  | 0                     | 0                                       | 221  | 8123642                          | 0                                | 0                                |
| Bituminous Fire and Marine Insurance Company |  | 0                     | 0                                       | 1  | 0                                | 0                                | 0                                |

| 4b. Rate Change by Company (As Accepted) For State Use Only |  |                       |   |  |                                  |                                  |                                  |
|---|--|-----------------------|---|--|----------------------------------|----------------------------------|----------------------------------|
| Company Name  | Overall % Indicated Change (when Applicable) | Overall % Rate Impact | Written Premium Change for this program | # of policyholders affected for this program | Written premium for this program | Maximum %Change (where required) | Minimum %Change (where required) |
|   |  |                       |   |  |                                  |                                  |                                  |
|   |  |                       |   |  |                                  |                                  |                                  |

| 5. Overall Rate Information (Complete for Multiple Company Filings only) |   |             |           |
|--|---|-------------|-----------|
|  |   | COMPANY USE | STATE USE |
| 5a.  | Overall percentage rate indication(when applicable)             | 0           |           |
| 5b.  | Overall percentage rate impact for this filing                  | 0           |           |
| 5c.  | Effect of Rate Filing – Written premium change for this program | 0           |           |
| 5d.  | Effect of Rate Filing - Number of policyholders affected        | 222         |           |

|           |   |            |
|-----------|---|------------|
| <b>6.</b> | Overall percentage of last rate revision                                      | 7/1/07     |
| <b>7.</b> | Effective Date of last rate revision  | 5/14/07    |
| <b>8.</b> | Filing Method of Last filing<br>(Prior Approval, File & Use, Flex Band, etc.) | file & use |

| 9. | Rule # or Page # Submitted for Review | Replacement or withdrawn?  | Previous state filing number, if required by state |
|----|---------------------------------------|--|--|
| 01 |                                       | New<br><input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn               |  |
| 02 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |
| 03 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |

Effective March 1, 2007